

Breast Cancer Control Advisory Board Meeting

October 22, 2013

Minutes

Attending Board Members:

Dr. Ronda Henry-Tillman, Sarah Faitak, Dr. Jerri Fant, Dr. Hope Keiser, Dr. John Lynch (via teleconference), Sharon Parrett, Alicia Storey and Debra Walden (via teleconference).

Absent Board Members:

None

Arkansas Department of Health:

Dr. Appathurai Balamurugan, Kay Creighton-Hays, Renee House, Joanne Jones, David Kern, Geray Pickle, Cheryl Roland, Reginald A. Rogers and Michelle Snortland.

Other Organizations:

Royce Pinkard and Jeremy Fleckenstein (Hewlett Packard Enterprise)

I. Call to order:

Dr. Jerri Fant, Board Co-Chair, called the meeting to order at approximately 5:15 p.m.

Welcome and Introductions:

Michelle Snortland introduced Kay Creighton-Hays as the new BreastCare Program Administrator, attending her first board meeting. Ms. Snortland also introduced Dr. Appathurai Balamurugan, the new medical director of the Chronic Disease Prevention and Control Branch, and Alicia Storey RT (R) as the newest Breast Cancer Control Advisory Board member. Ms. Storey is the Oncology Program Manager at St. Bernards Medical Center, Jonesboro, and represents the Arkansas Hospital Association.

No comments from members of the public

II. Board Business

A. Review and Approval of Minutes from January 22, 2013

Dr. Lynch motioned to approve the August 27, 2013, minutes. Sarah Faitak seconded the motion. There was no discussion. The motion carried; minutes were approved.

B. Review of State Program Income and Expenditure for FY2014 First Quarter ending September 30, 2013

Michelle Snortland reviewed the expenditure report July 1, 2013, through September 30, 2013, noting the revenue for the month of September was **\$241,511**. Total Revenue for Fiscal Year 2013 was **\$1,399,580**. Total expenditures for the month of September were **\$249,642** and expenditures for the Fiscal Year were **\$769,385**. Ms. Snortland noted that **(\$8,131)** more was spent than revenues received for September and said that reflected well on the effort to spend down carry-over funds which now stand at **\$630,196**.

C. BreastCare Quarterly and Enrollment Reports

The quarterly report noted there were 38 diagnoses of breast cancer and five diagnoses of cervical cancer during the three-month period. Ms. Snortland said the program was starting to see more private providers participate. There had been eight counties without any private providers, and that total is now down to five counties.

Board Member Dr. Hope Keiser asked how slots were allocated during the previous year. Ms. Snortland stated that state slots (Plan A) are allocated statewide on a first-come, first-serve basis. Federal slots (Plan C) are allocated by type of provider and region. Komen slots (Plan KA, KO, and KT) are allocated by county. Allocation is based on previous year's usage and funding streams, each of which has its own rules, such as a woman's age and where she lives. Ms. Snortland said if a symptomatic patient needs a slot, program staff will find one for her.

Ms. Snortland said that during the month of October a higher number of slots are allocated due to Breast Cancer Awareness Month when the demand for BreastCare services is higher.

Ms. Snortland said this year the program has more than doubled the number of referrals to private providers because Local Health Units cannot handle all of the cases. Local Health Units have been occupied with a recent transition to electronic medical records (EMRs), so their productivity has been down slightly, and the BreastCare Program has sent more women to private primary care physicians and private clinics, rather than local health units.

The quarterly report showed that 1,405 women were screened at Arkansas Health Department Clinics during the first three months of Fiscal Year 2014; no women were screened at Area Health Education Centers (AHECs); 516 at Community Health Centers, and 1,834 at private provider clinics or hospitals for a total of 3,755 screened. Women are not limited to a single provider type for different screening tests and during the quarter, 1,018 women were seen by more than one provider type. The individual totals may include duplication.

There were no questions about the enrollment report.

III. Other Board Business

A. Contractor Reports

Ms. Snortland said that she worked with contractors to develop a new reporting template to include information on all deliverables of each contract, such as outreach, education and similar matters. There was no Esperanza report because of the recent illness of the program coordinator.

Ms. Snortland informed the Board of the newly developed BreastCare Facebook page. The page was launched in August and received 249 Likes within the first month. Facebook page is updated weekly with new information, including community news and training opportunities.

Dr. Henry-Tillman, Board Co-Chair, suggested that the staff address ways to assist women who are younger than 40 years old, because that group is not covered by BreastCare programs. Ms. Snortland said there are resources to help these women including the Susan G. Komen Affiliate grantees and the American Cancer Society.

B. WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation)

Ms. Snortland said the priority now is to get as many providers enrolled by December to start serving women in January 2014. The goal for Year One is to serve 500 women. She said the entire ADH Chronic Disease team is assisting with the planning and implementation of the WISEWOMAN program.

Dr. Appathurai Balamurugan said that physicians at the University of Arkansas for Medical Sciences are on board with the WISEWOMAN program. Board Member Sharon Parrett asked if there were plans to recruit providers outside of the Little Rock and North Little Rock area. Ms. Snortland said this is a pilot program, initiated in those two cities, and at this time there are no plans to expand its reach.

C. Mass Flu Clinic and BreastCare Screenings Collaboration

Renee House, Nursing Program Coordinator, presented a report on the Mass Flu Clinic and BreastCare Screenings collaboration during which women can get flu shots and also mammogram screenings. She said last year the BreastCare Program partnered with the two mobile mammography units and the ADH Center for Local Public Health to provide on-site mammograms at 13 mass flu clinics in seven counties.

During that time, services were provided to 154 women, including 146 women who received on-site mammograms while eight women chose to schedule their mammograms at a later date. Of the total receiving mammograms, 51 were provided to privately insured women and the remaining 95 were enrolled in the BreastCare Program. Ms. House said the mammogram van was able to take about 15 minutes to screen a woman, compared with about an hour and a half for a patient visiting a hospital.

The screening mammograms revealed that 18 women using the BreastCare program and three privately insured women required additional views to rule out cancer. Four women were diagnosed with breast masses and were referred out for surgical consultations. None of the women who received mammograms during the Mass flu Clinics were diagnosed with breast cancer.

This year, the BreastCare program has partnered with the ADH Center for Local Public Health to participate in 20 mass flu clinics in 17 counties. Four mobile mammography units have agreed to participate and provide on-site mammograms at nine of those mass flu clinics. This year's selection of flu clinics was based on the following two types of criteria: "Red Counties" with low BreastCare enrollment or counties without a fixed mammography facility.

The first collaborative effort this year was held in Northwest Arkansas at a Franklin County mass flu clinic yesterday (10/21/2013). Eighteen women received a mammogram on site: nine privately insured and nine uninsured women who were enrolled into the BreastCare program.

D. Pink Carnation Sunday Update

Ms. Snortland presented a report on the Pink Carnation Sunday program. A total of 27 faith-based organizations have registered and some have already held the Komen-funded Pink Carnation Sunday (PCS) events. Nine counties, were served including Clark, Hot Spring, Jackson, Pulaski, Desha, Howard, Faulkner, Jefferson and Lincoln. Seven of the faith-based organizations are in Desha County – a Komen target county.

Two PCS events have been held on October 13 and 20 and most of the events will be held on October 27. There may be a few faith-based organizations holding PCS events in November. Through these fall events, BreastCare is expecting to provide 940 pink carnations through October 27, and the effort will help educate more than 1,200 women over 40 years of age.

Breast Cancer Control Advisory Board Members noted that that some faith-based organizations are sponsoring their own Breast Cancer Awareness events without contacting the ADH BreastCare program. Members asked for and received an explanation of how an organization could participate, register, receive educational materials and receive pink carnations (funded by Komen) for their event.

Dr. Henry-Tillman responded to an explanation that some faith-based organizations do not want to participate because they do not want to discuss breast issues during their services, and she suggested that perhaps the discussion could be on breast cancer survivors. Early detection is why they survive, Dr. Henry-Tillman said. She suggested that a speaker's bureau be formed, including board members, to assist BreastCare staff with outreach among faith-based organizations. This action item will be covered on the next regularly scheduled meeting.

E. Health Care Reform

Ms. Snortland said with Medicaid expansion, the Breast and Cervical Cancer Treatment Program (Medicaid Category 07) will cease to exist December 31, 2013.

Ms. Snortland said that Medicaid Case Manager and Care Coordinators are trying to get as many clients in as fast as possible so they can start treatment. Additionally, they are pushing to get patients to start treatment promptly.

Ms. Snortland said 80 percent of the people served by the BreastCare program make 138 percent of the federal poverty level or below and they will get coverage. The other 20 percent make more than 139 percent of the federal poverty level.

Dr. Henry-Tillman said that breast cancer patients can receive up to nine months of chemotherapy. With breast reconstruction and radiation, the treatment could go on another one to two years and medication can go on for several years. Dr. Henry-Tillman and other board members asked how these patients will be covered.

Ms. Snortland said BreastCare produced a one-page letter, written at the seventh-grade level, to explain how people could sign up for the coverage under the Affordable Care Act and Medicaid expansion. The letter shared available resources at the local level as well as the suggestion that they take a list of their medications with them so they could select the correct plan. Families with incomes up to 138 percent of the federal poverty level (FPL) are eligible for the private option. Women above 138% FPL will have to go through the marketplace to purchase health coverage and may be eligible for government subsidies.

Ms. Snortland said there will be IPAs (in-person assistors) in all of the local health units to educate people on the options available to them, but the IPAs cannot select the plans for people. An appointment with an IPA can take up to 1.5 hours to get insurance. The board discussed the bronze plan, which is the cheapest insurance plan available with 60 percent of medical costs paid by the plan with 40 percent out-of-pocket costs picked up by the families.

Dr. Henry-Tillman said if a patient is going to have to pay 40 percent out-of-pocket costs, under the bronze plan, the patient is not going to get a biopsy because if surgery was needed, the patient would have to pay 40 percent of the \$10,000 cost of surgery and that would be \$4,000, something which they could not afford.

Dr. Henry-Tillman asked how the BreastCare program will be able to function with the Affordable Care Act. Ms. Snortland said in 2014, 17,000 women in Arkansas are estimated to be eligible for BreastCare services which are still more than what the program currently serves. Dr. Fant asked about revenue which the program can access for treatment. Chemotherapy is not something the program can afford to provide, she said. Ms. Snortland said federal money cannot be used to pay for treatment.

Reginald A. Rogers, an Arkansas Department of Health attorney, cited Arkansas Code Annotated Title 20, Subtitle 2, Chapter 15, Section 1304, the Advisory Board – Breast Cancer Control Program, which stated that “If a positive diagnosis is made, the program shall provide the necessary advocacy and financial assistance to help the person obtain necessary treatment.”

Dr. Fant said after January 1, 2014, the program is going to have to get creative in getting information out.

Dr. Henry-Tillman suggested that BreastCare Program staff get more information regarding state funds for treatment, so people who need treatment can receive information. She asked how people who choose the wrong insurance plan could be helped. Board Member Sharon Parrett asked how the program can help people who choose an insurance plan on which their doctor is not covered.

Board Member Sarah Faitak asked which criteria would make the 17,000 women eligible for BreastCare Program services in 2014. Ms. Snortland explained that they include immigrants, people who cannot afford insurance coverage, people who are participating in a health-care sharing ministry, a member of a religious sect with objections to health insurance, and women who are incarcerated.

Dr. Balamurugan said if people are making a certain amount of money, they may not want to spend money on insurance and instead will pay the fine of \$95 per person the first year, which goes up the second year. He asked the question, if people elect to pay the fine, are they still eligible for coverage under the BreastCare program.

Dr. Fant said the program cannot be elective about to whom it will decide to allocate coverage.

Dr. Henry-Tillman said the board may have to have a special meeting to deal with issues prompted by implementation of the Affordable Care Act and to draw up plans for allocating funds. Additional action items include, an educational program targeting providers on how to navigate the women through the systems, the possibility of using state funds to serve women above 138% FPL, the possibility to serve underinsured women with diagnostic services, and the development of a list of resources to assist women in need of treatment.

IV. Review of Action Items

A. Reporting for Atypical Ductal Hyperplasia (ADH)

Joanne Jones said the report on ADH was not yet ready for presentation but would be by January 2014.

V. Closing

The meeting adjourned at 6:34 p.m.